

<i>SERFF Tracking Number:</i>	<i>PHYS-127947400</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Physicians Mutual Insurance Company</i>	<i>State Tracking Number:</i>	
<i>Company Tracking Number:</i>	<i>PMA3415AR-1211</i>		
<i>TOI:</i>	<i>MS08I Individual Medicare Supplement -</i>	<i>Sub-TOI:</i>	<i>MS08I.012 Multi-Plan 2010</i>
	<i>Standard Plans 2010</i>		
<i>Product Name:</i>	<i>Med Sup/LTC</i>		
<i>Project Name/Number:</i>	<i>PMA3415AR-1211 /PMA3415AR-1211</i>		

Filing at a Glance

Company: Physicians Mutual Insurance Company

Product Name: Med Sup/LTC	SERFF Tr Num: PHYS-127947400	State: Arkansas
TOI: MS08I Individual Medicare Supplement - Standard Plans 2010	SERFF Status: Closed-Filed- Closed	State Tr Num:
Sub-TOI: MS08I.012 Multi-Plan 2010	Co Tr Num: PMA3415AR-1211	State Status: Filed-Closed
Filing Type: Advertisement	Authors: Sonya Dickey, Sara Magee-Garcia	Reviewer(s): Stephanie Fowler
	Date Submitted: 01/03/2012	Disposition Date: 01/20/2012
Implementation Date Requested: On Approval		Disposition Status: Filed-Closed
State Filing Description:		Implementation Date:

General Information

Project Name: PMA3415AR-1211	Status of Filing in Domicile: Pending
Project Number: PMA3415AR-1211	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments: Filed with Nebraska on 1/3/2012.
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type:
Overall Rate Impact:	Filing Status Changed: 01/20/2012
	State Status Changed: 01/20/2012
Deemer Date:	Created By: Sara Magee-Garcia
Submitted By: Sara Magee-Garcia	Corresponding Filing Tracking Number: PMA3415AR-1211
Filing Description:	
RE: Medicare Supplement Insurance Advertisements	
Invitation to Inquire with Reply Card-	
Letter Portion: PMA3415AR-1211	
Reply Card Portion: PMA3415ARa-1211	

Attached are copies of the above referenced material for your review. This material will be used to create an interest in the following Medicare Supplement Policies:

SERFF Tracking Number: *PHYS-127947400* State: *Arkansas*
 Filing Company: *Physicians Mutual Insurance Company* State Tracking Number:
 Company Tracking Number: *PMA3415AR-1211*
 TOI: *MS08I Individual Medicare Supplement - Standard Plans 2010* Sub-TOI: *MS08I.012 Multi-Plan 2010*
 Product Name: *Med Sup/LTC*
 Project Name/Number: *PMA3415AR-1211 /PMA3415AR-1211*

Policies Medicare Plans Approval Dates

P020AR A 8-12-09
 P025AR F 8-12-09
 P026AR G 8-12-09
 P027AR High Ded F 8-12-09
 P029AR N 5-11-11
 High Deductible Premium Discount Rider B345 8-12-09

This material will also be used to create an interest in the following Long Term Care Policies:

Policies Approval Dates

P145AR 8-11-04
 P146AR 8-11-04
 P147AR 8-11-04
 P148AR 8-11-04

The attached pdf contains two images of the backside of the form. The top portion of the backside of the form is the same for both images however the bottom business reply portion of the backside of the form is different. The first image of the backside of the form reflects the division office information in the return envelope area and the second image of the backside of the form reflects the corporate home office address in the return envelope area.

If you have any questions concerning the material, please contact me at 1-800-228-9100, option 1, option 6, extension 2633. You can also contact me via email at Sara.Magee-Garcia@physiciansmutual.com. Your assistance in getting the material approved for use is greatly appreciated.

Company and Contact

Filing Contact Information

Sara Magee-Garcia, Advertising Compliance Coordinator
 sara.magee-garcia@physiciansmutual.com
 2600 Dodge Street
 Omaha, NE 68131
 402-930-2633 [Phone]
 402-633-1096 [FAX]

Filing Company Information

Physicians Mutual Insurance Company	CoCode: 80578	State of Domicile: Nebraska
2600 Dodge Street	Group Code: 367	Company Type:
Omaha, NE 68131	Group Name:	State ID Number:
(402) 633-1188 ext. [Phone]	FEIN Number: 47-0270450	

SERFF Tracking Number: PHYS-127947400 State: Arkansas
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Filing Fees

Fee Required? Yes
Fee Amount: \$100.00
Retaliatory? No
Fee Explanation: \$50 per form, 2 forms included
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Physicians Mutual Insurance Company	\$100.00	01/03/2012	54972661

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Product Name:	Med Sup/LTC		
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Filed-Closed	Stephanie Fowler	01/20/2012	01/20/2012

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<i>Project Name/Number:</i>	<i>PMA3415AR-1211 /PMA3415AR-1211</i>		

Disposition

Disposition Date: 01/20/2012

Implementation Date:

Status: Filed-Closed

Comment:

Rate data does NOT apply to filing.

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Schedule	Schedule Item	Schedule Item Status	Public Access
Form	PMA3415AR-1211	Filed-Closed	Yes
Form	PMA3415ARa-1211	Filed-Closed	Yes

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Filing Company: *Physicians Mutual Insurance Company* State Tracking Number:

Company Tracking Number: *PMA3415AR-1211*

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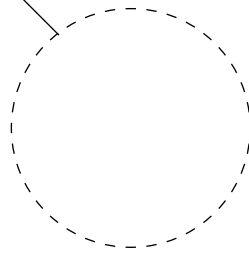
Product Name: *Med Sup/LTC*

Project Name/Number: *PMA3415AR-1211 /PMA3415AR-1211*

Form Schedule

Lead Form Number: PMA3415AR-1211

Schedule Item	Form Number	Form Type	Form Name	Action	Action Specific Data	Readability	Attachment
Status							
Filed-Closed 01/20/2012	PMA3415A R-1211	Advertising	PMA3415AR-1211	Initial			PMA3415AR-1211.pdf
Filed-Closed 01/20/2012	PMA3415A Ra-1211	Advertising	PMA3415ARa-1211	Initial			PMA3415AR-1211.pdf



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Please tell me more about the following **INSURANCE** products and any available **DISCOUNTS**: (check all that apply)

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☐ Life Insurance
☐ Dental Insurance

- ☐ Cancer Insurance
☐ Medicare Supplement Insurance Policy
☐ Annuities

Name

Address

City State ZIP

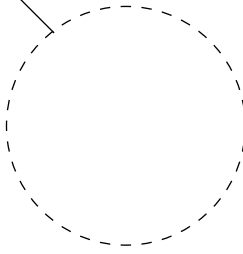
Telephone Number ()

We are not connected with, nor endorsed by, the U.S. Government or the Federal Medicare Program. A producer will provide complete details about these valuable products including costs and limitations. Physicians Mutual Insurance Company offers Long-Term Care Insurance, Dental Insurance, Cancer Insurance and Medicare Supplement. P020/P025/P026/P027/P029/B345/P145/P146/P147/P148/C250A/P176. Physicians Life Insurance Company offers Life Insurance and Annuities. L708/L712/L726/L730/L731/L732/L762/AP100/AP110/AP111/AP112/AP114/AP116/AP117.



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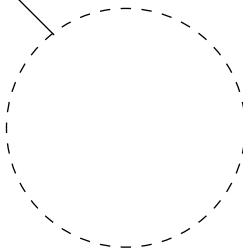
PLACE
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[Address]

[City, State ZIP]



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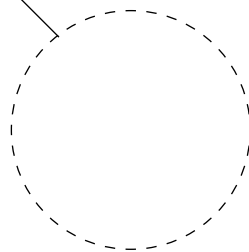
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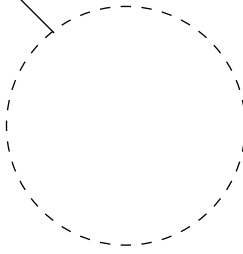
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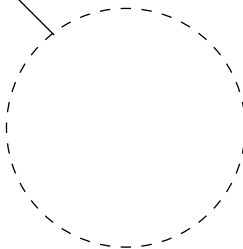


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